

FINANCIAL AFFIDAVIT

CJA 23

SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE

UNITED STATES
IN THE DISTRICT OF☐ MAGISTRATE ☐ DISTRICT ☐ APPEALS COURT or ☐ OTHER PANEL (Specify below)

FOR

AT

LOCATION NUMBER

PERSON REPRESENTED (Show your full name)

- 1 ☒ Defendant—Adult
 2 ☐ Defendant—Juvenile
 3 ☐ Appellant
 4 ☐ Probation Violator
 5 ☐ Parole Violator
 6 ☐ Habeas Petitioner
 7 ☐ 2255 Petitioner
 8 ☐ Material Witness
 9 ☐ Other (Specify) _____

DCCKET NUMBERS

Magistrate

District Court

Court of Appeals

CHARGE/OFFENSE (describe if applicable & check box →)

- ☒ Felony
☐ Misdemeanor

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

EMPLOYMENT

Are you now employed? ☐ Yes ☒ No ☐ Am Self Employed

Name and address of employer: _____

IF YES, how much do you
earn per month? \$ _____IF NO, give month and year of last employment
How much did you earn per month \$ _____If married is your Spouse employed? ☐ Yes ☒ NoIF YES, how much does your
Spouse earn per month \$ _____If a minor under age 21, what is your
Parents or Guardian's approximate monthly income \$ _____

ASSETS

OTHER INCOME

Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? ☐ Yes ☐ NoIF YES, GIVE THE AMOUNT
RECEIVED & IDENTIFY \$ _____
THE SOURCES _____

RECEIVED

SOURCES

CASH

Have you any cash on hand or money in savings or checking account ☐ Yes ☒ No IF YES, state total amount \$ _____

PROPERTY

Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? ☐ Yes ☒ NoIF YES, GIVE VALUE AND
DESCRIBE IT _____

VALUE

DESCRIPTION

OBLIGATIONS
& DEBTS

DEPENDENTS

MARITAL STATUS

- ☐ SINGLE
☐ MARRIED
☒ WIDOWED
☒ SEPARATED OR
☒ DIVORCED

Total
No. of
Dependents

List persons you actually support and your relationship to them

DEBTS &
MONTHLY
BILLS(LIST ALL CREDI-
TORS, INCLUDING
BANKS, LOAN COM-
PANIES, CHARGE
ACCOUNTS, ETC.)APARTMENT
OR HOME: NONE

Creditors

Total Debt

Monthly Payt.

\$ NONE

\$

\$

\$

\$

\$

\$

\$

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)

I certify the above to be true

Seamus Dismore5/6/04A FALSE OR DISHONEST AFFIDAVIT
OR IMPRISONMENT